

Town of Belmont

Department of Public Works

Highway • Recreation, Parks & Cemetery • Water

Jay Marcotte, MPA

Director

Town of Belmont

Financial Assistance Guidelines

Available for Belmont Residents Only

Applications will not be processed without proper documentation, including all of the following;

- o Completed and Signed Financial Assistance Application
- o Proof of Address (ex. Driver's license, utility bills)
- o Proof of income (for all members of the household)
 - Completed 2015 Federal Tax Return with all schedules and documents attached
 - Two most recent pay stubs for all parents/guardians
 - Other documents as requested

Financial Aid assistance is granted ONLY for Summer Sports and Activities basic program costs. Grant does NOT include pool membership fees, swimming lessons, early drop off/extended day or field trip costs.

Additional payment is required at the time of registration, NO EXCEPTIONS!

Applicants will be notified of the committee's decision no later than March 25, 2016.

We will make every effort to place your child in the session(s) and program(s) you request; however due to space limitations, we cannot guarantee 100 % of your request.

Incomplete applications will NOT be considered. The Recreation Department will not pursue applicants who have not filled out the form completely or have not submitted all requested documents.

All applications for 2016 summer programs must be received in the office on or before 4 p.m., Tuesday, March 16, 2016. ABSOLUTELY NO EXCEPTIONS!

Financial Assistance: Belmont Recreation Department				
Application Information				
Parent/Guardian Name:				
Current Address:				
Home Phone Number:				
E-Mail Address:				
Relationship to child (Mother,	father, guardian)			
Child lives with:]	<u>Mother</u> & Father	☐ Mother	
	Employment Information- Parent #1			
Current Employer:				
Employer Address:				
Phone:				
Position:				
☐Hourly ☐Salary	Annual Income: \$			
If unemployed, reason for u	<mark>inemployment:</mark>			
	Employment Information- Parent #2			
Current Employer:				
Employer Address:				
Phone:				
Position:				
☐Hourly ☐Salary	Annual Income: \$			
If unemployed, reason for unemployment:				
Monthly Household Income				
Primary Employment	Amount per Month \$			
Secondary Employment	Amount per Month\$			
*State/Federal Aid	Amount per Month\$			
*Child Support	Amount per Month \$			

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Primary Employment	Amount per Month \$	
Secondary Employment	Amount per Month\$	
*State/Federal Aid	Amount per Month\$	
*Child Support	Amount per Month \$	
Investment Income	Amount per Month \$	
*Unemployment Income	Amount per Month \$	
* Documentation required for these items		
Total Monthly Income: \$		

Financial Assistance: Belmont Recreation Department

	Monthly Expenses
Rent/Mortgage	Amount per Month \$
Utilities	Amount per Month \$
Food	Amount per Month \$
Transportation	Amount per Month \$
Medical/Insurance	Amount per Month \$
Child Care	Amount per Month \$
Other Expense	Amount per Month \$
Total Monthly Expenses: \$	

APPLICANT'S DESCRIPTION OF NEED FOR FINANCIAL ASSISTANCE		

- A complete summer program registration form (attached) for each child should accompany application
- Does your family receive or is your family eligible for the free or reduced lunch program? Yes No
- Have you previously received financial assistance from the Recreation Department before? Yes No
 If yes, what year?

Town of Belmont Recreation Department Financial Assistance Agreement Form

By signing this form, I acknowledge that I am aware of the rules and policies of the Town of Belmont's Recreation Department.

I agree:

- 1. **To pay all required fees by their due date.** Any delinquencies in payments (i.e. late payments, returned checks) may result in termination of financial assistance and suspension from the corresponding program.
- 2. To provide copies of the necessary documents knowing they will not be returned.
- 3. To complete the entire application truthfully and to the best of my ability.
- 4. To pay for additional activities not included in core program.
- 5. I am aware that in most instances I will be required to contribute. Full financial award is not guaranteed.

Signature	Date
Printed Name	

Please return this completed form to the Belmont Recreation Department no later than 4 P.M. on

TUESDAY, MARCH 16, 2016

Belmont Recreation Department P.O. Box 56 Belmont, MA 02478 617-993-2760

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